

katena GLOBE NEWS

FOR OPHTHALMIC PROFESSIONALS

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A Smile? 😊 ...or a Frown? 😞

The Changing Face of Cataract Surgery

What is a small cataract incision?

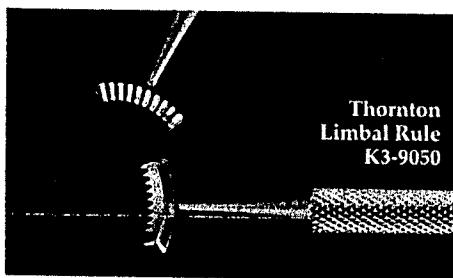
To some surgeons it may be 3mm long, to others as much as 7mm. Some think of it as limbal based, others as scleral based, 2, 3 or even 4mm away from the limbus.

Whatever the size or shape, the goal of the cataract surgeon is to reduce patient trauma and visual rehabilitation time while minimizing astigmatism, which is best accomplished with a smaller incision.

While the traditional "smile" incision follows the curvature of the limbus, phaco surgeons who now incise the sclera a few millimeters away from the limbus, usually prefer a "straight" or "frown" shaped incision. The frown incision is also known as a "suspension bridge" incision. A suspension bridge is arched and thus self supporting - a frown incision is arched and thus becomes self sealing with the

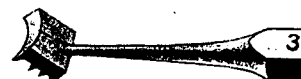
pressure from within the globe. A number of marking instruments have been developed to aid the surgeon in the precise placement of his or her preferred incision pattern.

Spencer P. Thornton M.D. of Nashville, Tennessee designed a limbal ruler to press a set of 2mm long radial lines on the limbus as a guide for the surgeon to make a cataract incision of precise length and curvature. The 11 radial lines, spaced 1mm apart in the center,



also serve as a guide for suture placement.

Richard L. Lindstrom, M.D. of Minneapolis, Minnesota designed a scleral marker for straight incisions which is used to impress a line pattern on the sclera to facilitate placement of an incision



Lindstrom Marker K3-8960

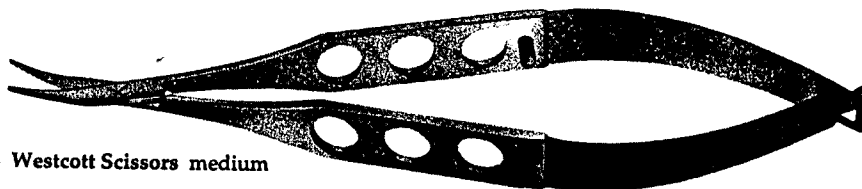
at 1, 2 or 3mm away from the limbus. The impressed pattern also provides him with landmarks for making an initial incision of 3mm length for phacoemulsification, as well as enlarging the incision to 4 or 5mm length for insertion of an intraocular lens.

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Adapting Yesterday's Instrument to Today's Surgical Techniques

Cataracts are being extracted through smaller and smaller incisions with the use of phaco-

the microscope for these techniques is commonplace, necessitating the need for more appropriately sized



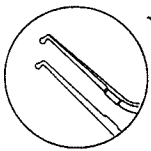
K4-3004 Westcott Scissors medium

emulsifiers, irrigation-aspiration devices, as well as manual small incision instrumentation. Using

instrumentation. A case in point is the Westcott scissors, for years the workhorse of cataract *con't. on pg. 2*

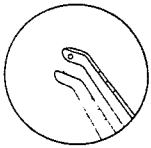
INSTRUMENTS FOR CAPSULORHEXIS

The popularity of capsulorhexis techniques for anterior capsulotomy continues to increase, especially among phaco surgeons, most of whom appear to prefer a capsulorhexis forceps to using a cystotome. While the extra delicate Utrata Capsulorhexis Forceps has long been a favorite, some ophthalmic surgeons prefer to use a forceps with small, yet very blunt tips.



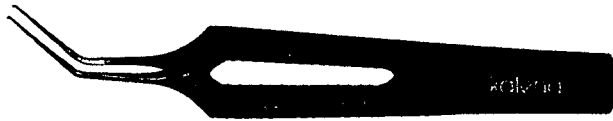
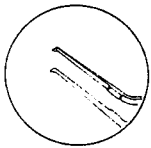
Jaffe Capsulorhexis Forceps K5-5088

Mark Jaffe, M.D. of Miami, Florida designed a forceps particularly suited to current techniques of small incision cataract extraction. It features extremely delicate, blunt, hemispheric tips, with flat inside surfaces which positively grasp the single or folded capsule. When closed, the tips form a very small sphere which is easily inserted through the scleral tunnel into the anterior chamber, while the slight downward angle is designed to reach the anterior capsule without gaping the wound.



Stolte Capsulorhexis Forceps K5-5089

K. Broderick Stolte, M.D. of Largo, Florida developed a capsulorhexis forceps which has some very unique features. Very small ball and socket type tips grasp the capsule securely, (especially important when using viscoelastics). It has vaulted shanks to reduce wound gaping when inserted through a tunnel incision and a round handle with guide pin to help maintain alignment. Three line markings on the anterior surface of the shanks, spaced 1, 2 and 3mm away from the tips, may be used for measuring the approximate diameter of the capsulorhexis.



Utrata Titanium Capsulorhexis Forceps KT5-5081

For those surgeons who prefer to use titanium instruments, Katena now offers the Utrata capsulorhexis forceps in titanium. Its tips are just as delicate as the stainless steel Utrata forceps from Katena, however it has a different, somewhat shorter handle.

INSTRUMENT WIPES

for cleaning delicate instruments on the surgical tray.

A soft, non-shedding sterile sponge for wiping instrument tips during microsurgical procedures should be available on every tray. It is most



Katena Instrument Wipes K20-5040

helpful during cataract surgery for wiping off instruments, or to remove viscoelastic substance, nucleus, or cortex adhering to phaco tips and I/A cannulas. **Katena Instrument Wipes** are designed to fulfill such tasks easily. The individually sterile packaged sponges, when moistened, become very soft and pliable and are gentle to delicate instrument tips. Use sterile, distilled water, not BSS. Remember that instruments cleaned with BSS, without thorough rinsing thereafter, will start corroding in the autoclave.

A free Corneal Light Shield is included with each Instrument Wipe. It is a thin, 5mm diameter sponge disc which is placed on the cornea to prevent potentially harmful light rays from reaching the retina during prolonged procedures.

Katena Instrument Wipes are supplied double wrapped, one per sealed envelope, 20 envelopes per box. A free sample is available upon request.

Quality isn't expensive . . . it's priceless!

